

INFORMATION SHEET

FOR

NON-CONSENT* TOWING BUSINESS

COMPANY INFORMATION:

DATE: _____ COUNTY: _____ ASP TROOP: _____

NAME: _____
(Business – Indicate Inc. or Db) (Owner)

MAILING ADDRESS: _____
(Street or P.O. Box) (City) (Zip)

TELEPHONE: _____ FAX: _____
(Day) (Night If Different)

PHYSICAL ADDRESS: _____
(If different from Mailing Address)

INSURANCE INFORMATION:

AGENT: _____
(Name) (Carrier)

TELEPHONE: _____ Fax: _____
(Agent) (Agent)

MAILING ADDRESS: _____
(Agent)

Insurance Requirements: Refer Rule 9 of Board regulations.

(Copy available on request)

***NON-CONSENT** is the towing of a vehicle without the expressed consent of the owner or person in charge of said vehicle. (Example: (1) Removal from public roadway or public roadway right-of-way by order of law enforcement; (2) Removal from public property by order of agent in charge of said property; (3) Removal from private property by order of the property owner or agent.

ARKANSAS TOWING & RECOVERY BOARD

P.O. Box 8285

Searcy, AR 72145

Phone: (501) 278-5225

Fax: (501) 278-5255